



Faculty and Staff Assistance Program (FSAP)

Formal Supervisory/Management Referral Letter

This form is to be completed by the referring Supervisor/Manager (or agent):

\_\_\_\_\_, is being referred to the University of Miami, Faculty and Staff  
(Name of person being referred to the FSAP)

Assistance Program (FSAP) due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person (Supervisor/Manager/HR Rep. who is designated to receive communications from the FSAP):

\_\_\_\_\_  
Name of Supervisor/Manager/Administrator/HR Liaison Telephone Number

In signing this form, the referred party acknowledges understands that participation with the FSAP is voluntary and that this referral is offered as a means of their receiving assistance. It is expected the person referred will contact the FSAP office at (305) 284-6604 within 7 business days to schedule an appointment for an assessment.

FSAP consultants may confirm with the above designated "contact person," when an initial appointment is not kept. Once the initial assessment is completed, the FSAP will only confirm future attendance, or compliance, when authorized with a client's written consent. A written consent allows only the following information to be released to the referring agent.

- Confirmation of attendance.
- Whether recommendations were given.
- Compliance with FSAP recommendations.

(The nature of recommendations made, or the content of sessions, are not released)

I understand a signed copy of this referral letter will be sent to the FSAP office for their reference.

\_\_\_\_\_  
Signature of Person Being Referred

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Referring Agent

\_\_\_\_\_  
Print Name  
Relationship to Employee:

\_\_\_\_\_  
Date

**Attention Supervisor/Manager/Administrator/HR Liaison: Prior to the first FSAP visit, please**

- 1) Contact the FSAP office (305) 284-6604 to discuss the nature of the referral, AND**
- 2) FAX this form to (305) 284-5097.**